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ABSTRACT

Stress management training contributes to weight loss, maintenance of weight loss and improved social and occupational functioning in obese women. Data from the Beck Depression Inventory and the Assertiveness Questionnaire indicate that obese persons have poor self-concepts which result in depression which is inversely related to assertiveness. Stress management training can teach positive coping skills of relaxation and assertiveness, decreased depression and improved self-concept. These improvements result in better social and occupational functioning as well as continued loss of weight. One additional result was that five of the women continued to meet on their own, providing a "support group" for each other. (BN)

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THE USE OF STRESS-MANAGEMENT TRAINING FOR OBESE WOMEN

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It is well known that people who are grossly overweight have a variety of problems, both interpersonally and intrapersonally. These problems manifest themselves in social/psychological areas, but are clearly seen in their inability to perform or obtain employment. Many times the tasks to be performed at a work center are often done poorly because the person does not have the energy level necessary to do an eight-hour day. When this is coupled with extreme overweight problems, there is a double dose of failure; for example, an approach to an employer results in the person's self-defeating belief that he/she will never gain employment anyway.

The purpose of this study was to investigate how stress-management training contributed to weight loss, maintenance of weight loss, and improved social and occupational functioning in obese women. It was believed that obese persons harbor poor self-concepts which result in depression based on self-perceived "inadequacy" (as demonstrated by their inability to control their weight, among other things). This depression is thought to be inversely related to assertiveness, since obese persons avoid asserting themselves, thereby avoiding increased vulnerability to criticism and rejection by others as well as themselves. Stress-management training was utilized to (1) teach positive coping skills of relaxation and assertiveness, (2) decrease depression, and (3) improve self-concept

(see Appendix 1 for brief outline of program). After accomplishing these goals, it was felt that weight loss would occur and be maintained, as contrasted to weight being lost prior to improvement in self-concept.

Eight obese women (with a weight range of 157-300 pounds; average weight was approximately 250 pounds) participated in 12 weekly sessions of stress-management training; 7 other obese women who did not participate in this or other training served as a control group. All women were divorced and were concurrently involved with a state agency which provided job training/placement. All women were pretested and posttested with the Beck Depression Inventory and an Assertiveness Questionnaire. No concentrated effort was made during these 12 sessions to impact the behavioral aspects of eating, exercise, or dieting.

The mean depression score for all women was 19.5, which is in the moderate range of depression (see Table 1). All pretest depression and assertiveness scores were correlated; a correlation coefficient of -.69 was found ($p<.01$). Changes in training and control group members from pretest to posttest were compared with a two-tailed t-test; this was done by comparing mean change scores in depression and assertiveness (see Table 2). Mean change scores for depression were found to be non-significant (see Table 3), whereas mean change scores for assertiveness were significant ($p<.05$). Training group members began to lose weight near the end of the group sessions (an average of 10 pounds per person) and have either continued to lose or maintain losses, as shown by a three month follow-up. Significantly more women in the training group sought and received employment at the completion of the sessions, as compared to women in the control group. A six month follow-up of women in the training group indicated that two women were successful in training, whereas the

rest were gainfully employed. Weight loss at this time was another 10 pounds (average) per person.

These results demonstrated that stress-management training was strongly related to improvement of self-concept in obese women, which then appeared to affect their level of actual assertiveness. This, in turn, led to improvement in social and occupational functioning as well as continued loss or maintenance of previous loss of weight. Another important result was that five of these women continued to meet on their own, providing a "support group" for each other.

Additional research is needed to support these findings and to evaluate long-term effects of stress-management training.

TABLE 1

MEAN SCORES ON BECK DEPRESSION
AND ASSERTIVENESS QUESTIONNAIRE

	Beck Depression		Assertiveness Questionnaire	
	Pretest	Posttest	Pretest	Posttest
Trained Group (N=8)	22.3	15.4	9.3	12.4
Control Group (N=7)	16.6	11.6	12.3	11.0
All Women (N=15)	19.5	13.5	10.8	11.7

TABLE 2

MEAN CHANGE SCORES

	Depression	Assertiveness
Trained Group	5.63	3.13
Control Group	5.00	-1.29

TABLE 3

TESTS OF SIGNIFICANCE

	df	t	p
Depression Change Scores	13	.0965	Non-Significant
Assertiveness Change Scores	13	2.1752	.05

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P.H.A.T. GROUP PROGRAM

Session 1

Introduction of group members.

1. Basic nutritional information given by Doctors.
2. Discussion of philosophy and group/individual goals (to be written down for each member).
3. Introduction of Psychologist and Social Worker as program instructors and members of coordinated health team.
4. Discussion of sources of weight difficulties, i.e., family, interpersonal, job, etc.
5. Identifying positive coping skills that worked in the past. (Group will share these).
6. Introduction of basic format for next eleven sessions. Relaxation skill building, and establishment of this as a valid new coping tool.
7. Discuss idea of homework assignments.

Session 2

1. Charting personal growth.
2. Relaxation training.
3. Mirror method (strength tech. to be used on one member each session).
4. Identification of stress and anxiety provoking situations (group sharing).
5. Homework assignments.
   a. Practice relaxation skills learned.
   b. Books to read: "The Stress of Life", Hans Selye. Benson's "Relaxation Response".

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Session 3

1. Assessment of individual goals (are we progressing?).
2. Continued relaxation exercises.
3. Mirror tech: Used to bring wishing into reality.
4. Role playing to develop more assertiveness skills.
5. Homework assignment, Chapters 1-5 of Understanding Fear in Ourselves and Others, Bonaro W. Overstreet.

Session 4

1. Explore irrational belief system or assumptions associated with general anxiety and cognitive worry.
   a. Ideas about self-worth.
   b. Examine how performance affects feelings of danger and threat.
   c. Becoming more precise in what one wishes to do with beliefs.
2. Continue with basic learning from previous sessions on assertiveness and relaxation.
   a. Begin to explore new ways to look and combat stress and anxiety.
3. Homework:
   a. Further reading on assertion.
   b. Practice new relaxation exercises.

Session 5

1. Repeat learning from previous sessions.
2. Pull together best methods for continued maintenance of desired weight.
3. Group to now begin planning for next seven sessions.

Sessions 6-12

1. Continuation of elements of Sessions 1-5.
2. Development of group cohesiveness.